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## BIB DATA SHEET

CONFIRMATION NO. 6100

<b>SERIAL NUMBER</b> 10/682,379	<b>FILING or 371(c) DATE</b> 10/09/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> ACULSR.005CP1		
<b>APPLICANTS</b> Luis De Taboada, Carlsbad, CA; Jackson Streeter, Reno, NV; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/287,432 11/01/2002 ABN which claims benefit of 60/336,436 11/01/2001 and claims benefit of 60/369,260 04/02/2002 This application 10/682,379 10/09/2003 claims benefit of 60/442,693 01/24/2003 and claims benefit of 60/487,979 07/17/2003 and claims benefit of 60/502,147 09/11/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/14/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DAVID M SHAY/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 17	<b>TOTAL CLAIMS</b> 66	<b>INDEPENDENT CLAIMS</b> 13
<b>ADDRESS</b> KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES						
<b>TITLE</b> DEVICE AND METHOD FOR PROVIDING PHOTOTHERAPY TO THE BRAIN						
<b>FILING FEE RECEIVED</b> 1294	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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